



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6300.8
BUMED-31
1 Sep 2000

BUMED INSTRUCTION 6300.8

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: DONATIONS, TRANSPLANTS, AND DISPOSITION OF ORGANS AND
TISSUE

Ref: (a) 8A Uniformed Laws Annotated 29, "Uniform Anatomical
Gift Act," 1987
(b) Title 42, United States Code, Section 273
(c) BUMEDINST 5360.24
(d) Title 37, United States Code, Section 555
(e) DoD Directive 6465.3 of 16 Mar 95
(f) BUPERSINST 1770.3
(g) NAVMEDCOMINST 6320.18
(h) BUMEDINST 6320.72
(i) MANMED article 17-2

Encl: (1) Organ and Tissue Donations from DoD Sources
(2) Administrative and Logistical Assistance for Organ
Transplant Recipients and Family
(3) Transplants and Donations of Organs and Tissue From
Living Donors
(4) Organ and Tissue Disposition After Autopsy
(5) Sample Format for Memorandum of Understanding
(6) List of Acronyms

1. Purpose. To issue the Department of Defense (DoD) policy and procedures under references (a) and (b) for donating and procuring functional human organs and tissues for use in the medical treatment of living patients after death of the donor. To establish coordination, counseling, and medical cognizance procedures in organ transplant and organ donation cases involving living active duty personnel. To issue policies and procedures for the disposition of human organs and tissue removed during an autopsy. Enclosures (1) through (6) provide guidance and clarification.

2. Cancellation. NAVMEDCOMINST 6300.8.

3. Scope. Applies to all naval medical treatment facilities (MTFs) in the 50 United States and outside the continental United States (OCONUS). References (c) through (i) amplify procedures

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for accomplishing the objectives regarding donating, transplanting, and other disposition of organs and tissues of living and deceased donors.

4. Definitions. For ease of reference, enclosure (5) contains additional definitions. When used throughout this instruction, the following definitions are applicable:

a. Death. A determination of death must be made per State law, if applicable, or reference (c), in the absence of State law. Usually, the determination will include one of the following:

(1) Irreversible cessation of circulatory or respiratory functions in an individual.

(2) Irreversible cessation of all functions of the entire brain including the brain stem.

b. Decedent. A deceased individual including a stillborn infant or fetus.

c. Donor Card. A legal document signed by an individual, properly witnessed under the rules of informed consent, and indicating a desire to have one or more organs and/or tissues removed at death for donation to another individual.

d. Donor (Deceased). An individual who makes a gift of a part of his or her body for use after death for specific purposes.

e. Donor (Living). An individual who makes a gift of a part of his or her body for the purpose of transplant while the donor is living.

f. Next of Kin (NOK). The available interested party highest in the following order of priority will be designated the primary NOK: the spouse of the donor; an adult son or daughter of the donor; either parent of the donor; an adult brother or sister of the donor; a grandparent of the donor; a guardian of the donor at the time of death. The designated NOK may waive all referenced rights for organ disposition in favor of the next interested party in the priority list from reference (a).

g. Organ. Includes heart, lung, liver, kidney, pancreas, or any other organ that is currently or in the future deemed suitable for transplantation.

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h. Organ Procurement Organization (OPO). A formally constituted civilian organization created to coordinate and recover organs and tissues for a specific type of transplantation or a special geographic area.

i. Tissue. Includes cornea, eye, skin, bone, bone marrow, dura mater, blood vessel, fascia, or any other tissue that is currently or in the future deemed suitable for transplantation.

5. Action

a. Addressees. Ensure all personnel are apprised of and adhere to the provisions in enclosures (1) through (5) to assist in establishing and maintaining a system of donations, transplants, and appropriate disposition of organs and tissues.

b. Naval MTFs

(1) Each inpatient MTF must have a written protocol concerning organ and tissue donation.

(2) Each MTF must attempt to enter into a memorandum of understanding (MOU) with an OPO in its immediate geographic area. The MOU will address organ donation procedures for DoD beneficiaries in civilian hospitals. The Army/Navy Transplant Program is the issuing authority for MOUs for organ donation procedures and should be contacted to establish an MOU with the OPO. When the MTF contacts a Federal OPO and communicates the intention of establishing an MOU, the Army/Navy Transplant Program should be contacted at (202) 782-7057 to draft an MOU. The Army/Navy Transplant Team will then issue a preliminary MOU allowing the MTF the opportunity to review for corrections, changes, or additions. The MTF must obtain the signatures of the OPO and MTF commander. The MOU should then be forwarded to: Walter Reed Army Medical Center, ATTN: MCHL-RMA, 6825 16th Street, NW, Washington, DC 20307-5001. A copy of the MOU with all the signatures will then be forwarded to the MTF.

(3) Enclosure (5) provides the format for agreements with civilian organizations for tissue and/or eye donations only, not for major organs. Follow the procedure in 5b(2) above for establishing an MOU with an OPO for organ transplantation.

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(4) Each MTF must develop organ and tissue procurement procedures, whether through the use of an in-house or civilian OPO. All MTFs are encouraged to take advantage of the services provided by the OPO. These include, but are not limited to:

(a) Assess the donor for all organ and tissue donation through an extensive medical and social history.

(b) Discuss organ donation with the legal NOK, and obtain legal consent.

(c) Secure permission of county coroner or medical examiner, when appropriate.

(d) Provide protocols for donor management after brain death has been pronounced.

(e) Arrange donor hospital operating room and anesthesia logistics.

(f) Coordinate recovering surgical team and procedures for all organ and tissue procurement.

(g) Implement organ preservation procedures to maintain viability.

(h) Allocate organs for transplant following United Network for Organ Sharing policies.

(5) Each MTF must follow procedures outlined in enclosures (1) through (4).

c. Naval Health Care Support Offices. Naval Health Care Support Offices must ensure MTFs comply with the provisions of this instruction through annual monitoring and reviewing of agreements between MTFs, OPOs, and participating civilian hospitals.

6. Forms

a. SF 523 (Rev. 12-93), Authorization for Autopsy, NSN 7540-00-634-4166 is available at: <http://web1.whs.osd.mil/icdhome/SFEFORMS.HTM> and SF 523B (Rev. 12-94), Authorization for Tissue Donation, NSN 7540-00-634-4166 is available at:

<http://www.gsa.gov/forms/gsanumer.htm>. Both forms are also available from the Federal Supply System through normal supply procurement procedures using the stock numbers provided.

b. WRAMC FM 37 (Rev. 10-86), Army/Navy Transplant Program Uniform Donor Card, is available from the Army/Navy Transplant Program, Ward 48, 6825 Georgia Avenue, NW, Washington, DC 20307-5001.


R. A. NELSON

Copy to:
SNDL, A1 (ASSTSECNAV M&RA)

Available at:
<http://navymedicine.med.navy.mil/instructions/external/external.htm>

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ORGAN AND TISSUE DONATIONS FROM DOD SOURCES

1. General

a. Donation Pledges. Opportunities for a DoD beneficiary to make organ and/or tissue donation pledges should be made available with arrival at the first duty station, at regular physical examinations, during issuance and re-issuance of military identification cards, in all MTFs, and at military unit meetings. Unless prohibited medically, legally, or for religious reasons, organ and tissue donation must be discussed with the NOK in every death in a military MTF.

b. Laws. Gifts of organs and tissues must follow the law of the State or foreign country where the gift is made and must follow reference (a).

2. Policy. It is DoD policy to:

a. Encourage organ and tissue donations from all DoD beneficiaries, while avoiding coercion or the appearance of coercion of donors or their NOK. Donations from minors will be accepted only under the guidelines of reference (e).

b. Establish reasonable methods for DoD beneficiaries to complete and carry an organ and tissue donor card.

c. Mandate participation in the congressionally established National Organ and Tissue Procurement Network that facilitates and coordinates organ and tissue donation, the recovery of donated organs and tissues, and the matching of donors and recipients. Navy MTFs should engage in donor identification activities on a daily basis. This includes:

(1) Identifying potential donors (at MTFs and at civilian facilities).

(2) Ensuring the proper notification of the NOK of every deceased beneficiary and providing them the opportunity to make a donation commitment.

(3) Checking the status of seriously ill or injured or very seriously ill or injured patients for potential solid organ donors (heart, kidney, liver, pancreas, etc.).

Enclosure (1)

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d. Ensure appropriate agreements exist with local OPOs, civilian hospitals, tissue and eye banks for tissue and eye donation procedures, and the Army/Navy Transplant Program.

e. Require all inpatient MTFs maintain an MOU with the local OPO to provide organ and tissue procurement services. All MOUs should be subject to legal review before enactment.

3. Responsibilities

a. Commanders (CDRs) and Commanding Officers (COs) of MTFs

(1) CDRs and COs of MTFs must secure and make available to all DoD beneficiaries using the MTF, blank WRAMC FM 37, Army/Navy Transplant Program Uniform Donor Cards. MTFs must also provide information materials to explain organ and tissue donation.

(2) COs of inpatient MTFs must establish MOUs or contracts among themselves and the local OPOs for organ recovery services. Existing MOUs with civilian OPOs should be reviewed, following this instruction, and modifications should be made as warranted. New MOUs and contracts should require OPOs to immediately notify the MTF when a potential donor, who is an active service DoD beneficiary, including the U.S. Coast Guard and the U.S. Public Health Service, is hospitalized in a civilian treatment facility. New MOUs and contracts must prohibit the sale for profit of any DoD beneficiary-donated organs and tissues by any receiving civilian procurement agency.

(3) An MOU with the local OPO must require the OPO to maintain a listing of patients who die in the MTF, and must record the results of action taken to secure the donation of organs or tissues from each patient who dies. All MTFs should maintain their own listing.

(4) To the maximum extent possible, educate beneficiaries on the benefits of organ donation and encourage program participation.

(5) MOUs and contracts with OPOs should require equitable sharing of organs and tissues.

(6) COs of all MTFs must ensure their staff is familiar with the content of this instruction.

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(a) The OPO is comprised of a procurement team, but the MTF may have a procurement team as well, staffed with appropriate personnel led by a procurement team coordinator (PTC).

(b) The PTC, if established, or attending physician should immediately notify the local OPO when the potential for organ or tissue donation is recognized, i.e., the possibility of irreversible brain injury and brain death. If the PTC, or attending physician, is unable to contact the OPO, any staff member familiar with the case may contact the OPO.

(c) The attending physician is responsible for making the determination of death and for notifying the NOK concerning the patient's death, except in cases of an active duty death in which contact is made by the Casualty Assistance Calls Officer.

(d) The PTC, attending physician, or appropriate staff member must ensure the Defense Enrollment Eligibility Reporting System (DEERS) database is queried and the medical record is reviewed to determine whether the deceased made his or her wishes known concerning organ or tissue donation. If the deceased was over the age of majority and did not wish to donate organs or tissues, and the wish was stated either orally or in writing, this desire must be honored even if it is in conflict with the wishes of the NOK.

(e) If there is no record of the deceased's wishes, or if a valid donation document exists, and donation or transplant is not contraindicated for medical, legal, or religious reasons, the OPO, PTC, or attending physician must contact the NOK to discuss and expeditiously request organ or tissue donation.

1. The deceased's attending physician may seek donation in consonance with the OPO or PTC, but under no circumstances will either the attending physician or any other health care personnel involved in the care of the patient participate in procedures for removing or transplanting organs and tissues.

2. The PTC or appropriate staff member must initially contact the Casualty Area Command for all deceased active duty beneficiaries if the NOK is not already available at the military or civilian MTF where the deceased is located. This ensures the NOK, who was not present at the hospital at the time

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of death, is notified properly by a representative of the Casualty Area Command before organ or tissue donation is solicited. A member of the local OPO must then contact the NOK to request approval of donation of organs or tissues from the deceased patient. A NOK authorization of an organ or tissue gift from the deceased patient must be made either by a document signed by the NOK, or by telegraphic, recorded telephonic, or other recorded message.

3. Permission of the NOK must be sought even when a valid donation document exists. When a conflict exists between the positive wishes of the donor to provide organs and tissues upon death and the wishes of the NOK, the wishes of the NOK will be honored. If there is a conflict between the wishes of the deceased and NOK in terms of organ or tissue donation, then organ or tissue donation will not be made. To clarify any confusion on organ or tissue donation the following table is provided for guidance:

Donation Scenarios	Donate (yes or no)
Deceased wished to donate and NOK wishes to donate	Yes
Deceased made no decision to donate and NOK wishes to donate	Yes
Deceased made no decision to donate and NOK wishes not to donate	No
Deceased wished to donate, but NOK does not	No
Deceased did not wish to donate, but NOK does	No
Deceased did not wish to donate and NOK does not wish to donate	No

(f) To show permission was sought, complete and sign a SF 523B, Authorization for Tissue Donation (or a State required request form) on each death that occurs at a naval MTF. This form is required whether or not a donation is made.

(g) The PTC or appropriate staff member must assure all organs and tissues from DoD beneficiaries, who sign organ donation consent forms and are patients at the MTF at time of death, are first made available to the Army/Navy Transplant Program, unless the terms of the gift specify otherwise.

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(h) Organs and tissues of DoD beneficiaries that are not transplantable to DoD beneficiary recipients (as determined in paragraphs 3a(6)(b) and 3a(6)(f) above) may then be available to a civilian OPO under a prearranged agreement. DoD incurred retrieval costs for organs or tissues accepted for transplantation to non-DoD beneficiaries must be paid by either the civilian OPO or the transplanting institution. Reimbursement for these costs must be made payable to the MTF in which organ and/or tissue donation occurred.

(i) Organs and tissues removed from DoD beneficiaries that are not used by a civilian OPO must be disposed of in a humane and dignified manner. The preferable manner of disposition is by incineration (see enclosure (4)).

(7) Suitability Guidelines

(a) Tissues

1. Eye

a. Age limit - 3 months to 80 years.

b. No diseases of unknown etiology.

2. Skin, Bone, Dura Mater, Fascia

a. Age limit - under 50 years.

b. No systemic infections or communicable diseases.

c. No cancer.

d. No diseases of unknown etiology.

3. Tendons, Cartilage, Heart Valves

a. Age limit - under 50 years (cartilage under 30).

b. No systemic infections or communicable diseases.

c. No cancer.

d. No diseases of unknown etiology.

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(b) Organs

1. Age limit - up to 60 years.

2. Organs are maintained on a respirator with a heartbeat in the presence of brain death.

3. No extracranial malignancies other than basal cell carcinomas.

4. No sepsis.

b. Organ and Tissue Procurement Team

(1) The PTC must be responsible for training members of the organ and tissue procurement teams.

(2) Members of the organ and tissue procurement team must be available on a 24-hour-a-day basis.

(3) The organ and tissue procurement team must be responsible for surgical removal of donated organs and tissues at the MTF. Inpatient MTFs may allow civilian OPO recovery teams to sustain deceased donor patients and to perform the actual surgical recovery of donated organs and tissues.

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ADMINISTRATIVE AND LOGISTICAL ASSISTANCE FOR
ORGAN TRANSPLANT RECIPIENTS AND FAMILY

1. General. Some DoD beneficiaries requiring organ transplants have been evacuated to civilian facilities far removed from major naval facilities. This has caused the Navy to be severely limited in its ability to be of real assistance to accompanying family members. While clinical considerations remain of primary importance, the Navy must make every effort to provide administrative and logistical assistance in such matters as: transportation, temporary housing, reassignment when necessary, coordination for follow-up clinical evaluation, and possible interface with the nearest Navy Relief Society representative. Often, families arrive at a civilian transplant center, usually located in an unfamiliar metropolitan area, with no prearranged contact with naval personnel in the area who could be of assistance in obtaining or arranging for the above services. Also, when the patient is a family member of an active duty member, Bureau of Medicine and Surgery (BUMED) is often asked to provide advice to the Navy Personnel Command (NAVPERSCOM) or Headquarters, U.S. Marine Corps relative to the immediate reassignment or future assignment of the patient's sponsor.

2. Organ Transplants. Medical personnel contacting BUMED should be aware of the overall effects on the patient and family members and should be prepared to discuss possible sources of care consistent with these requirements. Several sources of care may be available. When each source is equally acceptable clinically, first preference should be given to care available in MTFs and then to other sources located near naval facilities, since these cases offer an opportunity to build and strengthen liaison between the Medical Department and the civilian community.

Enclosure (2)

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TRANSPLANTS AND DONATIONS OF ORGANS
AND TISSUE FROM LIVING DONORS

1. General. In some instances, BUMED must provide advice to the sponsor or other responsible family member concerning possible benefits for the individual donating organs or tissues and the recipient under the provisions of reference (g).

2. Approval. Members on active duty who wish to donate an organ or tissue, while living, do not need approval of the Navy Department, or Commandant of the Marine Corps (CMC), as appropriate. After completion of compatibility studies following paragraph 4 of this enclosure, the member must inform his or her CO and as appropriate, either the NAVPERSCOM or CMC of intent to be a living donor. Make this notification by message with information copies to BUMED and to the Military Medical Support Office (MILMEDSUPPOFF) where the procedure is to be performed.

3. Counseling and Evaluation. Upon receipt of notification of intent to be a living donor, the Service member's CO must provide or arrange for the following:

a. Counseling by a Medical Corps officer (or civilian physician at member's expense) concerning nature of donation and the surgical procedures involved.

b. Counseling by a Medical Department officer that loss of a kidney or other organ will not become a basis for special duty assignment, and the member may not be eligible after surgery for disability benefits administered by the Navy Department or the Department of Veterans Affairs. The Service member must sign a service record entry attesting the provisions of this paragraph have been explained and are understood.

c. Counseling that only care in a uniformed services or other Federal MTF, and care provided under reference (g) when the donation is for a TRICARE standard beneficiary, may be incurred at the Navy's expense.

d. Examination by a Medical Corps officer (or civilian physician at member's expense) to determine present physical fitness and, if qualified, evaluation of the member's fitness for donation surgery.

Enclosure (3)

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4. Compatibility Studies. Required of all prospective living donors, compatibility studies must be completed before the Service member informs NAVPERSCOM or CMC of plans to be a living donor. The Service member must be in a leave status during the complete time of these studies unless admission to a non-Federal facility is required and the member provides notification to MILMEDSUPPOFF before studies are initiated.

5. Medical Cognizance. Upon admission to the medical facility where the removal is to be accomplished, the member's leave status will be canceled and medical cognizance assumed, per reference (h), by the naval MTF serving the region. After the member's surgery and convalescence period are completed, the cognizant MTF must order the member to the nearest appropriate medical facility to undergo examination to determine the member's fitness for continued service.

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ORGAN AND TISSUE DISPOSITION AFTER AUTOPSY

1. General. The interests of DoD and individual military departments require an appropriate protocol for dignified disposition of human organs and tissues required to be removed during autopsies. DoD and the Navy Medical Department recognize the right of the deceased's NOK to direct, except as specified in this enclosure, the disposition of organs and tissues. We support the continued advancement of medical science and recognize the significant potential advances in research and education that may result from the study of organs and tissues of deceased individuals. We also recognize the direct benefit to recipients of both transplanted organs, tissues, and growth hormone extracted from the pituitary gland. Accordingly, measures must be implemented to assure appropriate action is taken each time an autopsy is performed.

2. Policy. For autopsies performed under the provisions of reference (i), COs with Mortuary Affairs Program oversight responsibility must either establish or change protocol at each activity to assure:

a. All organs and tissues, or portions thereof, removed during an autopsy are returned to the remains before release of remains to mortuary officials, unless use or other disposition of organs or tissues is authorized by the NOK, except for:

(1) Organs or tissues required for determination of the cause or manner of death.

(2) Those organs or tissues required for other studies authorized by law or regulation.

(3) Organs or tissues removed following the specific desires of the decedent according to a State law adopted in conformity with reference (a) or similar statutory authority.

b. Any organs or tissue specimens removed per paragraph 2a(1) and (2) of this enclosure or paragraph 3a(6)(i) of enclosure (1) are safeguarded and, when no longer needed, are disposed of in a humane and dignified manner. The preferable manner of disposition is by incineration for both organs and tissue specimens.

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c. The NOK's written permission is obtained for organ or tissue removal unless disposition was specified as in paragraphs 2a(1), (2), or (3) of this enclosure. Obtain written permission following the provisions of reference (i) on a SF 523, Clinical Record Authorization for Autopsy.

SAMPLE FORMAT

MEMORANDUM OF UNDERSTANDING
BETWEEN A NAVAL MEDICAL FACILITY
AND A CIVILIAN ORGANIZATION
FOR TISSUE DONATIONS

1. General

a. This memorandum of understanding is entered into by (name of civilian hospital) located at (address of civilian hospital) and (name of naval medical facility) located at (address of naval medical facility).

b. The purpose of this Agreement, hereinafter referred to as the MOU, is to assist in identifying Department of Defense (DoD) personnel who are members of the DoD Tissue Donation Program; procuring such members' tissues, following their documented wishes, or the wishes of their next of kin (NOK), upon their demise in a civilian hospital; and making recovered tissues available for transplantation to qualified recipients.

2. Background

a. The need for cadaver tissues is far greater than the available supply. This shortage of transplantable tissues is due in part to the lack of a comprehensive and uniform system that brings potential donors and recipients together.

b. DoD has established a voluntary tissue donor program whereby active duty personnel, retirees, and family members are encouraged and provided assistance in donating their tissues upon their death.

c. The U.S. Army, Navy, or Air Force will provide a tissue procurement team to surgically remove tissues from deceased donor patients who have died in any civilian or military medical facility within 150 miles of the Walter Reed Army Medical Center (WRAMC), Washington, DC.

d. Some naval MTFs can provide a tissue procurement team to surgically remove tissues from deceased donor patients in civilian hospitals outside the 150-mile radius of WRAMC.

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e. Attending physicians, the physician who pronounces the death, and all other health care personnel involved in direct care of a donor patient, are prohibited from participating in tissue procurement or transplantation of donated tissues.

3. Articles of Agreement

a. Definition of Terms

(1) Donor patient is any patient who is a likely candidate to have his or her tissues surgically removed and used for transplantation.

(2) DoD patient is any person who is entitled to use inpatient DoD medical facilities, including but not limited to active duty military members, retirees, and family members of active duty members and retirees.

(3) Recipient is any person who receives transplanted tissues.

(4) DoD recipient is a person who receives transplanted tissues while entitled to use inpatient DoD medical facilities, regardless of site of actual transplantation.

(5) Procurement is the surgical removal of tissues from cadavers.

(6) Procurement team is a group of trained health care professionals authorized to surgically procure cadaver tissues.

(7) Organ procurement organization (OPO) is a civilian organization that provides and coordinates a procurement team to procure organs or tissues at a civilian or military hospital.

(8) DEERS database is a computerized listing of all DoD personnel. The database is being modified to provide a listing of those who have voluntarily agreed to become organ and tissue donors.

(9) Participating hospital is any civilian or military facility that signs an agreement as depicted in this MOU.

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b. Participating Civilian Facility's Responsibilities

(1) When a potential donor patient is admitted to a participating civilian organization and is determined by the treating physician to be a donor patient, the organization will make a reasonable and good faith effort to identify the patient's status as a DoD patient.

(2) When it is determined the potential donor is a DoD patient, the civilian organization will then place a telephone call immediately to the procurement team coordinator (PTC) or appropriate staff member at (naval treatment facility) at (telephone number) to determine the tissue donor status of the DoD patient.

(3) Under this MOU, the civilian organization agrees to allow the procurement team reasonable access to all medical equipment and facilities at the facility that are necessary to carry out organ procurement from DoD donor patients.

(4) Participating civilian organizations must document deaths of potential DoD donors and allow DoD representatives reasonable access to DoD patient medical records and facilities to ensure compliance with this MOU.

(5) Participating civilian organizations agree to maintain a record of all DoD patients who are determined by the attending physician to be potential donor patients. The record will describe what action the civilian organization used in attempting to procure the patient's organs. Records of such action must be sent to the naval medical facility negotiating this MOU.

(6) Attending physicians, at civilian organizations, are solely responsible for determining the death of a donor patient following local law and established medical protocol. Such determination must, however, receive the concurrence of at least two other members of the medical staff practicing in different services. Concurrence must be documented in the progress notes of the patient's medical chart.

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c. Naval Medical Facilities PTC Responsibilities

(1) When notified a DoD patient in a civilian organization is a potential donor, the PTC must evaluate the potential donor for satisfactory medical criteria for organ or tissue donation by:

- (a) Checking DEERS.
- (b) Checking the medical records.
- (c) Checking other documents.

(2) If there is no indication the patient, before death, expressed wishes not to become a tissue donor, the PTC or attending physician will contact the patient's NOK to discuss the patient's tissue donation decision. Before this action is taken, ensure the NOK has been appropriately apprised of the patient's condition through normal Casualty Assistance Calls Program procedures, reference (f). The discussion may occur before the death of a donor patient. The PTC must counsel the NOK concerning the donor patient's documented desire and make every reasonable effort to obtain consent to donate from the NOK. If the NOK refuses to concur in the patient's desire to donate, procurement efforts must cease.

(3) When notified a patient is a donor patient, the PTC must notify WRAMC at DSN 662-6462 or commercial (202) 782-6462 of the availability of donor tissues. In addition, the PTC must notify the procurement team.

(4) If possible, the PTC or attending physician will arrange with the treating facility to allow access to the procurement team to examine the patient and the patient's medical records before death.

(5) Immediately after death of a potential donor patient, the PTC or attending physician must contact the procurement team (if one exists) for orders concerning cadaver maintenance before procurement. The PTC or attending physician must arrange for procurement and relay information to the participating civilian organization. Proper cadaver maintenance takes precedence over obtaining concurrence for procurement from the NOK or through the Casualty Assistance Calls Program Coordinator.

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d. Tissue Usage or Disposition. All tissues from DoD beneficiaries must first be made available to DoD transplantation programs, unless the donor has indicated otherwise. If a suitable DoD recipient cannot be located, then the tissues must be made available to civilian transplantation programs.

e. Costs and Reimbursement for Services at Civilian Organizations

(1) If procured tissues of DoD donor patients are transplanted into a DoD recipient, DoD must reimburse the civilian organization for all reasonable expenses directly related to the cost of cadaver maintenance and tissue procurement. Such expenses as laboratory analysis, drugs, equipment, operating room costs, and similar overhead expenses are considered.

(2) If the procured tissue is not transplanted into a DoD recipient, DoD is not responsible for costs incurred as a result of cadaver maintenance or tissue procurement.

(3) If DoD provides the procurement team for a DoD donor patient at a civilian organization and procured tissues are not transplanted into a DoD recipient; the civilian organization is responsible for the procurement team's reasonable procurement expenses. Reimbursement must be made per NAVCOMPT Manual, Vol. III, article 035875, made payable to the U.S. Treasury, and sent to: (address).

f. Other Considerations

(1) Effective Period. The effective period of this MOU will be from the date signed by both parties and will continue in effect until terminated as specified in paragraph 3f(2) below.

(2) Agreement Termination. Termination of this agreement may be effected by either party to the MOU upon written notice to the other party when deposited in the U.S. mail and directed to the other party.

Both parties have read and agree to comply with all terms and provisions of this MOU.

Civilian Organization Signer and Title

Date

Naval Hospital Signer and Title

Date

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LIST OF ACRONYMS

CMC	Commandant of the Marine Corps
CDR	Commander
CO	Commanding Officer
BUMED	Bureau of Medicine and Surgery
NAVPERSCOM	Navy Personnel Command
DEERS	Defense Eligibility Enrollment Reporting System
DoD	Department of Defense
MILMEDSUPPOFF	Military Medical Support Office
MOU	Memorandum of Understanding
MTF	Medical Treatment Facility
NOK	Next of Kin
OCONUS	Outside Continental United States
OPO	Organ Procurement Organization
PTC	Procurement Team Coordinator
WRAMC	Walter Reed Army Medical Center